Fall 1992

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**Upcoming Events**

**November 13**, Friday, 4:00 P.M.  
Connelly Conference Hall,  
Bluemle Life Sciences Building  
The Ehrsho Lecture (open to the public):  
"From Erythropoietin to Steel Factor: Molecular Regulation of the Hematopoietic Stem Cell Hierarchy," by Alan  
Bernstein, Ph.D., Professor of Medical  
Genetics and of Medical Biophysics,  
University of Toronto, and Associate  
Director, Lumenfeld Research Institute  
of Mount Sinai Hospital

**November 19**, Thursday  
ALUMNI ASSOCIATION EXECUTIVE  
COMMITTEE  
Reception at 5:15, Dinner at 6:20, in the  
Faculty Club; Meeting at 7:30, Room 139,  
Alumni Hall

**December 1**, Tuesday, 5:00 P.M., Chicago,  
McCormick Hotel  
ALUMNI RECEPTION AT THE MEETING OF  
THE RADIOLOGICAL SOCIETY OF NORTH  
AMERICA

**December 2**, Wednesday  
CAREER DAY, sponsored by the Alumni  
Association

**December 3**, Thursday, 4:30 P.M.  
Room 139, Alumni Hall  
LECTURE IN MEDICAL HUMANITIES AND  
SOCIAL SCIENCES: History of Medicine:  
"Stark Images: Three Centuries of Body  
Work," by John Raymond Shea, Ph.D.,  
Associate Professor of Orthopaedic  
Surgery

**December 7**, Monday, 6:00 P.M., San  
Francisco, ANA Hotel  
ALUMNI RECEPTION AT THE MEETING  
OF THE AMERICAN ACADEMY OF  
DERMATOLOGY

**January 14, 1993**, Thursday, 6:30 P.M.  
Eakins Lounge, Alumni Hall  
ALUMNI ASSOCIATION RECEPTION FOR  
FIRST-YEAR RESIDENTS AND NEW FELLOWS

**January 21**, Thursday, 4:30 P.M.  
Room 145, Alumni Hall  
LECTURE IN MEDICAL HUMANITIES AND  
SOCIAL SCIENCES: Alternative Approaches  
to Primary Care Research, by Anton  
J. Kuzel, M.D., M.H.P.E., Associate  
Professor of Family Practice at the  
Medical College of Virginia

**January 28**, Thursday  
ALUMNI RECEPTION FOR FRESHMEN, 5:00  
P.M., Eakins Lounge  
ALUMNI ASSOCIATION EXECUTIVE  
COMMITTEE  
Dinner at 6:20, in the Faculty Club  
Meeting at 7:30, Room 139, Alumni Hall

**February 19**, Friday, 6:00 P.M., San  
Francisco, Stanford Court Hotel  
ALUMNI RECEPTION AT THE MEETING  
OF THE AMERICAN ACADEMY OF  
ORTHOPAEDIC SURGEONS

**February 25**, Thursday  
ALUMNI ASSOCIATION ANNUAL BUSINESS  
MEETING  
Reception at 6:00, Room 145, Alumni Hall  
Dinner at 7:00, Eakins Lounge

**March 12**, Friday  
PARENTS' DAY, sponsored by the Alumni  
Association

**March 25**, Thursday  
ALUMNI ASSOCIATION EXECUTIVE  
COMMITTEE  
Reception at 5:15, Dinner at 6:20, in the  
Faculty Club; Meeting at 7:30, Room 139,  
Alumni Hall

**April 2**, Friday, 6:00 P.M., Washington,  
D.C., Cosmos Club  
ALUMNI RECEPTION AT THE MEETING OF  
THE AMERICAN COLLEGE OF PHYSICIANS

**April 22**, Thursday  
ALUMNI ASSOCIATION EXECUTIVE  
COMMITTEE  
Reception at 5:15, Dinner at 6:20, in the  
Faculty Club; Meeting at 7:30, Room 139,  
Alumni Hall

**April 27**, Tuesday, in Atlanta  
ALUMNI RECEPTION AT THE AMERICAN  
OCUPATIONAL HEALTH CONFERENCE

**May 3**, Monday, 6:00 P.M., Washington,  
D.C. Convention Center  
ALUMNI RECEPTION AT THE MEETING  
OF THE AMERICAN COLLEGE OF  
OBSTETRICIANS AND GYNECOLOGISTS

**May 25**, Tuesday, 6:00 P.M., San  
Francisco, City Club  
ALUMNI RECEPTION AT THE MEETING  
OF THE AMERICAN PSYCHIATRIC ASSOCIATION

**Reunion Weekend '93**

**June 4**, Friday  
ALUMNI BANQUET

**June 5**, Saturday  
WOMEN'S FORUM, CLINIC PRESENTATIONS,  
DEAN'S LUNCHEON  
CAMPUS TOURS, REUNION PARTIES

**June 6**, Sunday  
FAREWELL BRUNCH
Inside

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photo by Don Walker

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Endocrinology Director Appointed
And DeHoratius, '68 is made Associate Director of Rheumatology  

Bequest From Dubbs, '31 Establishes Fellowships  

New Associate Dean  

$5 Million Grant Made to Jefferson Cancer Institute  

Alumni Receptions
President Brucker is welcomed in Washington, D.C. and Pennsylvania

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Templeton, '41 is the latest Jeffersonian to receive the Strittmatter Award
Gewertz, '72 is appointed Chairman of Surgery at Chicago

Books by Alumni
A second volume of Jefferson history
New Challenges Are Met Successfully
by Joseph S. Gonella, M.D., Senior Vice-President and Dean

The past year has been an exciting and challenging year for Jefferson Medical College. Considerable attention has been focused on assimilating new developments into the culture of the institution and on anticipating others.

From the students' perspective, perhaps the most significant event has been the revisions to the curriculum. Changes to the freshman year were approved a year ago and introduced for the Class of '95. Included was the return of gross anatomy to the first semester of the first year (see page 6). The Curriculum Committee recently completed the planning for the restructuring of the second-year curriculum. The Class of '95 will again be the beneficiary. The pathology course will be decompressed and taught over a full year rather than a single semester.

A unique educational experiment was undertaken this past year with the inauguration of the Medical Scholars Program. A joint venture with the University of Delaware, this program offers a continuum of experiences planned and executed by both institutions, beginning in the third year of college and extending through a third residency year. The program offers the usual basic and clinical science training with an integrated third track in health policy to provide the skills necessary for the physician leader of the twenty-first century.

A further addition to the curriculum has been the coming of age of the Alfred I. duPont Institute (AIDI) as a multispecialty pediatric health care facility and the principal center for pediatric education at Jefferson. Progress in the development of AIDI together with the collaboration of the Medical Center of Delaware has given the Jefferson student an opportunity for a pediatric experience equal to that available at any facility in the region. Of note also is the expansion of educational experiences available for our students at the Geisinger Medical Center. It offers a range of programs for medical students comparable to any facility in the Jefferson system in addition to the unique experience afforded by a multilevel managed care provider.

As the complexity of our educational programs increased, I took the opportunity of the vacancy in the Office of Academic Affairs to reorganize the academic and student affairs functions of the Dean's Office. In the past something of a conflict existed in the roles of the student affairs staff who were expected to protect society and uphold the standards of the college and at the same time provide support to the students and act as their advocate. In an effort to remove this conflict and to remove any ambiguity in the advocacy role they are expected to serve, the student affairs staff will be organizationally separated from the academic affairs staff and each will report independently to the dean. It is my intention ultimately to locate the student affairs personnel in Jefferson Alumni Hall where they will be optimally accessible to the student body. The Curriculum and Student Promotions Committees will be the staffing responsibility of Jonathan E. Gottlieb, M.D., our new Associate Dean for Academic Affairs (see page 15).

A ccompanying the reorganization was the hiring of an Assistant Dean for Special Affairs and Special Programs, Edward B. Christian, Ph.D. This position was also increased from half to full-time to provide expanded coverage for minority affairs, the accelerated program with Penn State, the collaboration with the Delaware Institute of Medical Education and Research, and the Physician Shortage Area Program. The college continues to expand its educational programs for house staff in non-specialty-related areas. This past year saw programs held on topics including legal medicine, management, stress reduction, teaching skills, and leadership. More residents participated than in any previous year, due to increased interest and convenience of offerings. It is clear that both faculty and residents view these experiences as increasingly important to a quality graduate medical education program.

The basic science faculty increased significantly with the opening of the Life Sciences Building and subsequent recruiting throughout the year to bring programs to their full personnel complement. During the year, 54 fully salaried faculty were appointed to the basic sciences, for an increase of 50 percent. Nineteen full-time positions were added to the clinical faculty. Not only did faculty increase in numbers, but total research productivity increased as well. Five hundred and thirty-eight full-time faculty brought in an average of $76,645 per person in direct and indirect support in 1990–91 and $81,142 in 1991–92. Overall support for the year increased 20.2 percent to $49,578,000, with the biggest increase (35.8 percent) being in federal funding, from $23,525,000 to $31,943,000. In 1990, even before these significant increases, for the first time Jefferson moved into the top 100 of all United States universities in terms of federal funding for research and development. That accomplishment was accompanied by Jefferson's achieving a rank of 49 out of 126 medical schools in amount of research funded by the National Institutes of Health, up from seventy-eighth position only five years ago.

There is thus good reason to be optimistic about the development of our research program. Some acculturation of the new with the existing faculty of course took place and will continue. However, assimilation in both directions has been progressing well and morale remains high.

Thus, the long-term financial health of the college remains very good. Five years of deficit spending had been anticipated to cover construction costs of the Life Sciences Building and start-up costs of personnel and equipment needed.
to achieve the quantum surge for our research program. Despite delays in the awarding of grants at the federal level and the reluctance of some investigators to spend all of their monies within the time period of their grants, we expect to meet our financial goals and payback of the deficits anticipated.

What came as an unneeded shock to the system was the total elimination of support from the Commonwealth of Pennsylvania. The problem was particularly acute because no allowance was made for a phasing of this loss of support. As a result, some emergency measures were required. As is typical of the Jefferson family, everyone chipped in. Salary increases for faculty and employees were deferred for six months. An across-the-board budget reduction was required of all departments. Students were scheduled to be assessed a surcharge in January 1993. The Board of Trustees authorized the remainder of the loss to be carried while steps are undertaken to balance the budget through a sharper focusing of priorities and increased efficiency. While the long-term outlook for the institution remains very positive, this abrupt loss of support from the commonwealth will of necessity be translated, at least for the present, into a loss of services and programs, primarily affecting the residents of Pennsylvania.

This past year saw the beginning of our preparations for our regular site visit by the Liaison Committee on Medical Education, the body charged with accrediting schools of medicine in the United States. Preliminary results of our self-study in anticipation of the review confirm our very positive feelings about the future of Jefferson Medical College:

- Our educational program continues to earn a very high regard among post-graduate education directors receiving our students, among our graduates themselves, and as seen from results on external licensing examinations where our students have a failure rate well below the national average (see page 15). Despite these markers of success, our faculty continue to critique and refine the curriculum on the basis of feedback from regular and systematic evaluations.
- We continue to strengthen an already solid network of affiliates who deserve a lion's share of the credit for our strong national reputation as an educator of both primary care and specialty physicians. Not only are our affiliates strong in their own right, but their linkages to Jefferson are vibrant and well-coordinated at both departmental and institutional levels.
- Our faculty has never been stronger or more productive. Our ambition to be a major research center is fast being realized. Despite restraint in the funding of research at the federal level, we continue to increase our share almost 20 percent per year. Similarly, our clinical faculty continue to increase their contributions to the financial support of the college through their practice income. This past year saw their contribution rise by 22 percent.
- The administration of the college has been extremely stable. No vacancies exist in any departmental chair and recent recruits to chairmanships have been of very high quality.
- Our hospital continues to enjoy a reputation as the premier clinical facility in the region and thus draws patients and top-quality clinicians essential for the conduct of our educational programs. In addition, its strong management and symbiotic relationship with the college keep it on a firm financial footing.
- Leadership in the President's Office and in the Board of Trustees has been very strong in providing guidance and support for program development. The board has also played a critical role in enhancing financial support for the institution and continues to involve itself in the further development of our endowment.

With assets like these, there is obviously very little room for liabilities. There is cause for high optimism about the future of the college. The high morale of the students, faculty, and administration is well justified despite a year of unusual challenges. Meeting challenges and emerging stronger has been a hallmark of Jefferson and will continue to characterize our future.
Jefferson’s Longitudinal Study
A Landmark Research Effort
by John J. Gartland, S’44

Chances are that if a group of Jefferson graduates are asked about the quality of their medical education, they will say it was very good. Also, chances are if a group of Jefferson graduates are asked how a patient can choose a good doctor, they will say to select a graduate of Jefferson Medical College. As reassuring as these opinions might be to Jefferson’s faculty and administration, answers such as these are subjective and, when applied to a topic like medical education, are not given much credibility because only objective data that can withstand scientific scrutiny will do. Although controversy persists about how best to educate medical students and physicians, little systematic data have been available to evaluate the impact of recommended educational changes. Since 1942 it has been the responsibility of the Liaison Committee on Medical Education (LCME) as an accrediting body to attest to the educational quality of each medical school, assuring the public, medical profession, and students that minimum standards are being met. In turn, the LCME has challenged the medical schools to give greater attention to the outcomes of their educational programs.

It should come as no surprise to Jefferson alumni, remembering the forward and progressive thinking of former Dean William F. Kellow, M.D. and present Dean Joseph S. Gonella, M.D., to learn that Jefferson Medical College, alone of all the medical schools, has designed and implemented a study to measure the outcomes of its education by collecting a comprehensive data base of appropriate performance measures of individuals as medical students and physicians. Dr. Gonella’s primary professional interest has always been medical education. Since 1968, Jefferson has systematically tracked the performance during and after medical school of 6,052 students in 28 classes who entered between 1964 and 1991. This landmark study, unique among the medical schools of the world, is known as the Jefferson Longitudinal Study. It is designed to answer two very pertinent questions for medical educators: How good are our graduates? Do they have the essential knowledge, judgment, and attitudes to provide quality care to their patients?

National journals and foreign institutions cite the study as unique and a landmark.

Answers to these questions can be expected to determine the extent to which Jefferson has prepared its graduates for a career in medicine, and should help identify strengths and weaknesses in Jefferson’s educational programs. The Jefferson Longitudinal Study meets its goals and objectives by looking at five major categories of the outcomes of medical education: academic progress, satisfaction with education, competence soon after graduation, competence at later stages of a career, and career choice.

In a recent interview with the Alumni Bulletin, Dr. Gonella, the chief architect of this unique piece of educational research, described the circumstances leading to the original design in 1967 of what was to become known as the Longitudinal Study. The motivation was the realization by senior educators that the first class to finish in the Penn State-Jefferson Accelerated Program was due to graduate in 1968, and some way to evaluate the results of this program was needed. What the faculty believed was necessary was to find out how well these accelerated students performed compared to Jefferson students with similar credentials but not in the accelerated program, and compared to regular Jefferson students. The compelling question that remained the focus of these 1967 discussions about Jefferson students and graduates was: how good is our product? Discussions in 1967 between Dean Kellow, Samuel S. Conly, Jr., S’44, Director of Admissions, and Dr. Gonella, then Director of Academic Programs, led to Dr. Gonella’s being instructed to design an instrument that would enable Jefferson to “measure the product.”

In view of the LCME’s challenge to medical schools to give greater attention to the outcomes of their educational programs, these medical educators realized it was no longer credible to measure educational outcomes simply by class standings or National Board examination results as was done in most medical schools at that time. They recognized the need for an instrument capable of obtaining objective data about the effect of a Jefferson education on the students. Their discussions clarified the need to devise an instrument capable of following every student who entered the college from the time of admission, during the medical curriculum and postgraduate training, and throughout professional practice. They recognized that longitudinal studies of large groups of students throughout their medical education and professional life were necessary in order to relate many predictors to meaningful long-term outcomes. As Dr. Gonella explains, longitudinal studies are defined as the repeated measurement of given phenomena as they exist and evolve over time. Such studies are tools for understanding the causes of individual behavioral change and the process of development through

Dr. Gartland, who retired in 1985 from his position as The James Edwards Professor and Chairman of Orthopaedic Surgery, is Medical Editor for the university. His book Medical Writing and Communicating, will be published by University Publishing Group in January 1993.
description, explanation, and repeated observation. Lending some urgency to the need to do it correctly was the realization that no similar study of such ambition had, as yet, been undertaken by any medical school.

As the primary criterion to measure, Dr. Gonnella selected the student's performance during the first year after graduation because he believes this criterion measures how well the medical school has prepared students for careers in medicine, since it reflects the immediate impact of the medical school on its graduates.

The first questionnaire that was developed was designed around the measurement of three basic abilities: diagnostic skills, communication skills, and appropriate use of resources, such as laboratories. These abilities are measured in relation to patient care. The initial questionnaire has been broadened and refined over the years, but continues to be primarily focused on these three abilities. The design of any system to monitor the outcomes of a medical school education must also include baseline measures such as the academic background of students, their demography, and their personal qualities.

At the start of the Longitudinal Study information on selected admissions and performance measures in medical school were collected retrospectively for students who had entered Jefferson since 1964. Over the years, other information has been added to the data base, including measures of students' personal characteristics, performance in course work and on written examinations at Jefferson and on Parts I and II of the National Board of Medical Examiners examinations, competence demonstrated during clinical clerkships, and actual career patterns.

This instrument was first used in 1969 to collect data on the performance of the Class of '68, and Dr. Gonnella says it is his intent to see the Longitudinal Study continue to collect performance data on Jefferson graduates indefinitely in the future. Initially, the data was transferred manually by typewriter from each student's admission, registrar, and alumni records but, as computer technology evolved, the required information has been retrieved electronically from the admissions office, the registrar, the alumni office, and from external organizations like the American Medical Association. At the present time, Jefferson's Longitudinal Study comprises the most comprehensive and productive data bases on medical students and physicians maintained by a single medical school in this country or abroad. Active computer records, constantly being updated, presently store over two million pieces of data relating to more than 6000 students and alumni.

Jefferson Medical College students are introduced to the Longitudinal Study when they complete their initial questionnaire at the orientation session at the beginning of their medical school experience. Students complete a second questionnaire just prior to graduation.

**Objective data from the Longitudinal Study leads to wise changes in the curriculum.**

All Jefferson graduates are asked to give permission for the medical college to seek ratings on their performance during the first year of their residency. A four-page rating form for each graduate is mailed to the residency programs approximately one year after graduation. This form includes items that confirm the graduate's continuation in the residency program and inquire about the graduate's future plans. It also includes 36 rating statements with a four-point Likert scale covering representative abilities and personal qualities in the general areas of knowledge, data-gathering skills, and attitudes. A sample of students from each class in the data base is asked to respond to a questionnaire at five- to ten-year intervals following graduation.

Jefferson students have supported the Longitudinal Study with enthusiasm. The majority of students in the 28 classes so far enrolled in the research have responded to questionnaires during medical school, have given permission to Jefferson to seek data on their performance later in their career, and have continued to participate as alumni. The Class of '92 has just been added to the data base with 94 percent of its members completing and returning their questionnaires prior to graduation.

Maintaining a study of this magnitude is a daunting undertaking and is possible only with the assistance of skilled and dedicated experts. Jefferson's Longitudinal Study is supported by an extensive data base maintained in the Center for Research in Medical Education and Health Care, which evolved from the Office of Medical Education in 1983. During the past 24 years, three investigators associated with the center have shared responsibility for maintaining the Longitudinal Study. Between 1969 and 1972 Elinor Prokop, Ph.D. helped to develop the study including the early student and graduate questionnaires. Between 1972 and 1983 Jon Veloski, Director of Medical Education Research, automated the study, at the same time broadening it to include more complete data on the academic performance of the medical students. From 1983 to the present the main custodian of the data base has been Mohammadreza Hojat, Ph.D., who, as Director of the Longitudinal Study, has continued to refine the study's instrumentation, has expanded the study to include information about graduates' actual practices, and has served as a catalyst in the preparation of over 60 published articles in which information contained in this extensive data base has been shared with other medical educators.

Other researchers in the center, Carter Zeleznik, Ph.D., and Mary W. Herman, Ph.D., made substantial contributions to the design of the study's instrumentation and dissemination of the results. Investigators in Jefferson's Center for Research in Medical Education and Health Care are keenly aware of their role in the documentation, evaluation, and dissemination of information collected by this landmark project because Jefferson is the only medical school with such a depth of data on the performance of its students and
graduates collected over such a length of time.

Reflecting on his involvement with the Longitudinal Study over the past 24 years, Dr. Gonnella points out that it has provided Jefferson with objective information about medical students' satisfaction with both their medical education and Jefferson's faculty, about the performance of our students on National Board examinations, about their performance during their first postgraduate years and during their careers in practice. This collected data has been of great help to the Admissions Committee, Curriculum Committee, and Student Promotion Committee. With obvious pride, Dr. Gonnella relates that performance data collected on Jefferson graduates during their first postgraduate year reveals that, when judged against all residents the evaluator has ever judged, 80 percent of Jefferson graduates are ranked in the upper 50 percent of residents. Back when this study was first designed, Dr. Gonnella had selected the student's performance during the first year after graduation as best reflecting the impact of the medical school on the competence of its graduates.

In discussing benefits from the Longitudinal Study, Dr. Gonnella is pleased to relate that data derived in the study has prompted Jefferson to introduce needed curricular changes (see article this page), and also supported the medical college in resisting some others which the data showed not to be needed, because Jefferson students were already strong in those areas. For example, Jefferson resisted changing the fourth medical school year to a totally elective year as many medical schools did because our data showed this change was not needed at Jefferson. Some curricular changes that were made after evaluation of the data collected in the Longitudinal Study include the Medicine and Society course, the Approach to the Patient course, a return to a basic science course during the fourth year, and Family Medicine.

In discussing the uniqueness of the Jefferson Longitudinal Study Dr. Gonnella cites a report of the study which appeared

way to learn.” Students have commented that gross anatomy lab does teach them to work with their classmates as a team.

Another advantage to having gross anatomy in the first semester is that students start medical school by looking at the human body rather than just minute particles such as cells. The course includes 24 clinical exposures, in which a practicing physician discusses his or her work on a part of the anatomy that is being studied in class. Students have praised the approach for making them feel they “are in medical school” from the first day even though full-time clinical clerkships do not begin until after the second year.

In all courses, clinical correlations have been increased, and content is limited to what can be used by physicians. Subjects are coordinated to avoid redundancy and to emphasize the interdisciplinary nature of biomedical information. The number of lecture hours has been reduced, permitting more time for assimilation. Part of the lecture time has been replaced with small group meetings in which students apply knowledge to problems, rather than just listen to a presentation.

Another goal of the revisions was to cover non-life-sciences subjects that bear upon medicine, such as ethics and law. These are taught in a mini semester of two and one-half weeks that has been added in January. Electives are open to both freshmen and sophomores, encouraging the two classes to interact. Topics include biostatistics, medical humanities, social sciences, and health policy. During the “Jan Plan,” students are able to devote time to these aspects of medicine without having to juggle heavy workloads in life sciences.

Running through both semesters of the first year is a Life Cycle class in four segments covering infancy and childhood, adolescence, adulthood, and geriatrics. The course makes freshmen think about human health rather than just basic science. Ethical aspects are covered in addition to biopsychosocial ones. This new class has proven the most popular of all, with attendance at lectures being very high.—M.C.
Applications Reach All-Time High
by Benjamin Bacharach, '56, Associate Dean for Admissions

Frequently I am asked to provide information about the activities of the Committee on Admissions, and the current applicants to Jefferson, and the matriculants who began their first year in September.

Applications to medical schools, including those to Jefferson, had been declining from a peak in 1974, when the national applicant pool numbered 42,624, to a low in 1988, when the national pool was down to 26,721, a 37.3 percent decrease in 14 years. The number of first-year places in the nation’s medical schools has changed very little; in 1988 it was 15,731. There was little change in the situation in 1989 (26,863 applicants), but beginning with 1990 the number of applicants began to increase (29,190 in 1990; 33,301 in 1991; and 37,361 in 1992). At Jefferson, the increase has even more impressive over the same period of time: from a low of 4,313 applicants in 1988, we have experienced an increase which for the last two or three years has been almost double the national increase (from 1991 to 1992 the national pool increased 12.3 percent and ours increased 24 percent). This year we received the largest number of applications in the history of Jefferson: 6,978.

This number of applicants exceeded the previous Jefferson record of 6,232 in 1974 by almost 12 percent, and the trend appears to be continuing. As of the beginning of September 1992, we had already received over 4,000 applications for the class which begins in September 1993—31 percent more than we had received by that date last year.

In addition to the trend of increasing numbers of applicants, there have been a number of changes in the demographics of the applicant pool over the past few years. In the last 10 years, the percentage of women applying to medical schools has increased from 32 percent to 41 percent. White males now represent approximately 40 percent of the applicants (and 41 percent of the matriculants) to medical schools. Asian applicants have increased by 13 to 15 percent in each of the last few years, and now comprise over 15 percent of both applicants and matriculants to medical school. There has been little change in the numbers of minorities applying to medical school over the past 10 years (approximately 10 percent of both applicants and matriculants). Black applicants still represent only seven percent of the total student body. There has been an increase in older applicants to medical schools over the past 10 years and this trend seems to be increasing. Approximately nine to 10 percent of applicants are age 30 or older, and we have students with a broad array of “life experiences,” backgrounds, and former occupations.

The changing composition of the student body can be illustrated by describing some of our recent and current students. A member of the Class of '91 is the mother of a member of the Class of '93 and for the past two years both mother and son were attending Jefferson. Members of the new first-year class include a former assistant professor of physiology at another medical school, the former manager of business planning for Pepsico, a former pilot for the Flying Doctors in the Australian outback, a professional model, a mechanical engineer for a power company, a former trial attorney, an investment banker, an auditor for the U.S. Senate, the supervisor of regulatory affairs for medical research at DuPont, a member of the public affairs TV crew for the C-Span TV network, an English instructor for Nippon Steel Company of Japan, the owner and proprietor of a community pharmacy in rural Maine, the owner/operator of a Mercedes-Benz repair shop, and the owner of an architectural firm doing major projects in several states. The first-year class includes a gold medal winner in rowing at the Royal Henley Regatta, an illustrator of artifacts for a museum, a member of the U.S. diving team, a ski instructor in Austria, and a place-kicker who was part of the New York Giants for a short time, as well as a chef, a musician, and an earthworm researcher at the Institute of Tropical Forestry in Puerto Rico.

The first-year class includes 12 students with Ph.D.’s and 21 with master’s degrees. The ages of our first-year students cover a wide range—the youngest is 18 years old and one is 49 years old. Thirty-two percent of the class are women and six members of the class are here with student visas (from Sri Lanka, Uganda, India, Canada, and Hong Kong). Twenty-four members of the class have a parent who is a Jefferson Medical College alumnus and four members of the class have a sibling who is currently a student here. One member of the class has a sister at Jefferson and a grandfather, father, brother, and three uncles who are alumni. Two first-year students have great-grandfathers who are Jefferson alumni (one from the class of 1851 and one from the class of 1861).

Our applicants come from 705 colleges and universities—the current first-year class comes from 104 different institutions.

As of the beginning of September, we had already received over 4,000 applications for the class which begins in September 1993—31 percent more than we had received by that date last year.
Coronary Heart Disease Research:  
The Critical Link Between Clinical Practice and Basic Science  
by Sheldon Goldberg, M.D.

Cardiovascular disease was likened by my mentor Eugene Braunwald, M.D. to a great plague afflicting the population of the industrialized nations, abruptly ending the lives of some of our most productive citizens and causing disability and hardship in millions of others. In this country, cardiovascular disease accounts for one million deaths per year while five times that number are hospitalized. Jefferson's Cardiology Division seeks to provide the most effective care for patients suffering the ravages of cardiovascular disease. However, our mission extends well beyond this end. We need to devise new therapeutic strategies which are based on painstaking research performed at our own institution. This research encompasses carefully designed clinical studies which test clear-cut hypotheses. An important additional goal is to develop expertise and leadership in understanding basic disease mechanisms. Traditional approaches alone will not suffice for developing the most effective new therapies. Rather, we must take advantage of the burgeoning field of molecular biology to help solve our most vexing clinical problems. By using the insights gained from these latter studies, we plan to develop clinically important novel therapeutic strategies.

This point can be illustrated by the concepts related to the area of myocardial revascularization in patients with coronary artery disease. The concept of revascularizing the myocardium by means of coronary artery bypass grafting was introduced into clinical practice in 1967 by Dr. Favalaro of the Cleveland Clinic. This work was made possible only because of the pioneering investigation of Mason Sones, M.D., who developed the technique of coronary angiography using the catheter as a diagnostic tool to precisely delineate the complexities of the coronary anatomy.

A decade after Favalaro introduced coronary bypass surgery, a young Swiss cardiologist, Andreas Gruentzig, developed a simple alternative to surgical revascularization, the technique of percutaneous transluminal coronary angioplasty.

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**Figure 1.** Schematic of mechanics of balloon angioplasty. The deflated balloon is positioned in the lesion (A); balloon inflation is performed (B); this results in controlled plaque fracture (C and D). In some instances, the process may lead to abrupt vessel closure.

**Figure 2.** Metallic coronary stent: an example of a new technologic approach to help solve the shortcomings of standard balloon angioplasty—abrupt closure and restenosis.

Dr. Goldberg is Professor of Medicine and Director of the Division of Cardiology.
(PTCA). Using this method, it was possible for the first time to use the catheter as a therapeutic tool to improve coronary blood flow. A specially designed balloon catheter could be threaded into the coronary circulation using fluoroscopic guidance in the catheterization suite. The balloon could be precisely placed within the coronary artery narrowing, and by applying pressure, the balloon could be inflated, thus cracking the atherosclerotic plaque and widening the coronary lumen; this in turn would increase myocardial blood flow through the dilated coronary artery, restoring the imbalance between myocardial oxygen demand and supply (Figure 1).

When initially introduced, the technique was only successful in approximately 60 percent of cases. Improvements in catheter equipment, x-ray imaging systems, and the cardiologists' experience all helped to increase the primary success rate of coronary angioplasty. In experienced centers, including our own, the primary success rate of balloon dilatation is approximately 90 percent.

However, certain important limitations of standard balloon angioplasty have become evident with increasing clinical experience. The first important limitation is abrupt closure of the coronary artery as a result of intimal tearing or dissection of the vessel. This complication occurs in approximately five to eight percent of PTCA procedures. When a flow-limiting tear occurs, patients are at risk of myocardial infarction or death, and usually require emergency coronary artery bypass surgery. Even when surgery is promptly performed, there is a 50 percent probability of myocardial infarction and a mortality rate of approximately five percent. Therefore, finding improved technology to deal effectively with coronary dissection is a critical issue.

The second important limitation of PTCA is the process of restenosis or gradual narrowing of the coronary lumen at the site of a prior successful angioplasty procedure. This occurs in 30 to 40 percent of successfully dilated lesions. When we consider that over 400,000 PTCA procedures will be performed this year in the United States, and we factor in the risk, inconvenience, and expense of unsuccessful and repeat procedures, we realize that solving the problems of intimal dissection and restenosis are major issues crying out for solutions. These solutions require refinements in traditional approaches coupled with more basic investigative efforts.

**Improving Primary Angioplasty Results**

At Jefferson, we have been studying techniques for improving the safety of trans catheter myocardial revascularization for the past decade. We joined forces with cardiologists at several institutes including Harvard, the National Institutes of Health, and the Scripps Clinic to form a multicenter group to assess new technology which could deal effectively with the problems of standard PTCA.
The device we have been studying is the coronary artery stent, which is a permanent stainless steel implant (Figure 2) that acts as a scaffold to tack back the intimal tear and restore continuity of the coronary lumen. Our invasive cardiology group headed by Michael P. Savage, '80, Associate Professor of Medicine and director of the cardiac catheterization laboratory, has established a core angiographic laboratory, which is directed by David L. Fischman, M.D., Assistant Professor of Medicine. In this laboratory, we evaluate the angiograms of patients who undergo coronary artery stenting throughout the world. The studies of over 600 patients have been analyzed to date. The acute and long-term follow-up results at six to 12 months are analyzed using a computer-based edge detection system. We can assess the effectiveness of the stent in solving the problem of intimal tearing and also calculate the restenosis risk associated with the new technology.

In a recent multicenter trial headed by the Jefferson team, it was shown that the stent resolved intimal tears in almost 90 percent of patients who sustained this complication after standard balloon angioplasty. This was associated with substantial improvement in lesion severity and coronary lumen diameter (Figure 3). Therefore, our traditional clinical studies involving this new technology have contributed important information which will have major impact on the practice of cardiology. No longer will patients have to be rushed for emergency surgery when an intimal disruption develops; rather the rapid insertion of this implant will stabilize the patient and turn the unsuccessful outcome into a gratifying clinical result.

**Progress in Reducing Restenosis Risk**

Gradual renarrowing of the coronary artery in the first three to four months after standard PTCA occurs in approximately 30 to 40 percent of native coronary arteries and in over 50 percent of saphenous vein bypass grafts. We now recognize this process as one which represents a wound healing response to injury. In this case, the injury is caused by the barotrauma of the balloon. Despite the improvements in primary success rate over the last decade, the restenosis risk has remained at the same dismal frequency. There have been no significant breakthroughs in dealing with this problem. Pharmacologic trials of compounds administered systemically have been disappointing. Studies using steroids, antimitotic agents, calcium antagonists, heparin, fish oils, ACE inhibitors, and antiplatelet agents, have shown disappointing or modest results. Similarly, trials of new interventional devices including hot balloons, lasers, and atherectomy catheters, have failed to show benefit in reducing restenosis risk. In fact, restenosis rates may actually increase with some of these new “advances.”

The only technology which has shown promise for benefit has been the coronary artery stent. In a study presented at the Forty-First Annual Scientific Sessions of the American College of Cardiology in April 1992, Dr. Savage showed that in patients who undergo stenting as a first-time revascularization procedure, the restenosis risk is approximately 17 percent. The mechanism for this benefit seems to be the wider, smoother channel created by the stent compared with standard balloon angioplasty.

Because of these encouraging preliminary results, we are now enrolling patients in a prospective randomized trial of stenting versus standard balloon angioplasty (Figure 4). The acronym for this trial is STRESS (stent restenosis study). The primary endpoint of the trial will be the rate of angiographic restenosis at the six-month follow-up study. Other endpoints will be freedom from death, myocardial infarction, and the need for repeat revascularization procedures. The study will enroll 600 patients and Jefferson’s cardiology division will act as the core angiographic facility for this landmark trial.

**The Role of the Basic Science Laboratory**

The resistance of the problem of restenosis to a solution by the traditional means is a reflection of the inadequacy of our thinking in this area. Restenosis is not simply a result of the plaque growing back; rather it is a complex biologic process, which has as its final common pathway unbridled smooth muscle cell proliferation which compromises the coronary lumen. A rational attack on this problem requires us to reorganize ourselves to utilize the techniques of molecular biology.

Accordingly, Jefferson has opened a cardiovascular research center under the direction of Andrew P. Zalewski, M.D., Associate Professor of Medicine and director of interventional cardiology research, and Yi Shi, M.D., Ph.D., Research Assistant Professor of Medicine. The center was made possible through the support of the medical college, private foundations including the Fannie Ripple Trust, and the generous contributions of private industry and gifts from patients.

The cardiovascular research center serves as the basic research arm of the Division
of Cardiology and is a training ground for cardiovascular fellows interested in career development in basic cardiovascular research. One goal of the clinician-scientists in this center is to develop new therapeutic strategies for the prevention of coronary artery restenosis. The basic research group views the restenosis process as a result of an imbalance between growth-promoting factors and down regulators of cellular growth. Since smooth muscle cell proliferation of the vessel wall is the primary cellular change of restenosis, the process has become a natural target for new molecular interventions.

In an attempt to inhibit growth promoting elements after vessel wall injury, antisense technology is being evaluated. This technology involves the use of nucleotides, which bind a specific messenger RNA and block the expression of a specific gene. Antisense molecules directed at specific mRNA have been shown in our laboratory to inhibit the growth of human smooth muscle cells. This new finding is being presented by Howard G. Hutchinson, '87 at the Sixty-Fifth Scientific Sessions of the American Heart Association this November.

Another approach to prevent coronary restenosis is to enhance the expression of the down regulators of cell growth. The scientists in the center are testing the concept of direct gene transfer into the vessel wall by applying genes whose products can inhibit proliferation of smooth muscle cells. Studies by Dr. Yi Shi and her colleagues have demonstrated the feasibility of transferring a foreign gene into human smooth muscle cells with a high level of expression of the gene product. Using the interferon γ gene as an example of a gene whose product is a potent down regulator of cell growth, the group will attempt to inhibit smooth muscle cell proliferation and the production of extracellular collagen. These two approaches to the problem of vascular restenosis are being investigated both in vitro, that is in cell culture, and in vivo, that is in the porcine model of coronary restenosis.

It should be noted that effective delivery of the antiproliferative agents will require the development of new interventional technologies. One approach might be the use of a porous balloon to deliver foreign genes directly into the vessel wall. Another approach might envision the use of a coronary artery stent which is coated with an effective antiproliferative agent. This would provide for a high local concentration directly at the site of vascular wall injury.

Further progress in coronary interventions will require a cohesive team approach which utilizes the expertise and talents of cardiovascular scientists with diverse backgrounds and training. In order to achieve success in this area, it is imperative that we broaden our scientific interests and interact with colleagues in other parts of the university. To this end, active collaborative efforts are currently underway with the departments of physiology, biochemistry, dermatology, and molecular biology. In cardiology, our goal is to attract the most able, creative, and innovative faculty. There is no doubt that the successful academic cardiology division of the 1990s must include a cadre of professionals whose major thrust is basic investigation. These individuals should be fully incorporated into all activities of the division. Thus, the cardiovascular research center promotes the development of new faculty members trained in the areas of cellular and molecular biology who will interact with our more traditionally trained cardiologists. Within the next few years, we will recruit additional faculty with solid backgrounds and training in these areas. In addition, the research center provides a forum for more diversified training of our cardiology fellows. The division is proud to provide not only traditional training in all aspects of clinical cardiology, but also to expose our trainees to modern advances in basic cardiovascular research.

I have focused on one narrow aspect of cardiology, the need for new means of coronary revascularization, in order to illustrate the importance of joining the talents of clinicians with those of basic researchers. Our interests, however, extend beyond this area. In the future, I would envision collaborative efforts to promote investigation in atherogenesis and plaque rupture, congestive heart failure, and sudden cardiac death.
Drive to Raise $200 Million is in High Gear

The Jefferson 2000 Fund, a drive to raise $200 million for the university by the year 2000, is off to a strong start. It was formally announced at the President’s Club Dinner on October 30 by trustee Mrs. Samuel M. V. Hamilton, who chairs the Campaign Executive Committee. Already gifts total more than $50 million. They will help realize crucial goals:

- establishment of 25 to 50 endowed professorships, five of which have already been obtained, for recruitment of outstanding teachers and scientists
- increased aid for student loans, scholarships, and fellowships—vital in view of recent cuts in educational and research funding
- support for basic and clinical research
- funds for the growth of educational programs and the enhancement of teaching
- new patient care programs, such as bone marrow, heart, and kidney transplant units
- new interdisciplinary and international initiatives
- annual unrestricted gifts

Mrs. Hamilton has contributed $5 million to the Jefferson 2000 Fund, one of the largest gifts the university has ever received. She was presented with the Cornerstone Award at the President’s Club Dinner.

(look for the Winter 1993 Alumni Bulletin for additional coverage of the President’s Club Dinner.)

Other early gifts to the campaign include a $1.5 million award from the Dr. Ralph Falk and Marian C. Falk Medical Research Trust (Dr. Falk was a Jeff alumnus in the Class of 1907) for leukemia and lymphoma research by the Jefferson Cancer Institute, and a $1 million grant in Teleflex, Inc. stock from Jefferson trustee Lennox K. Black to establish an international prize in medicine, which will support the annual visit of a distinguished international scholar.

Mrs. Hamilton’s contribution, directed to the Department of Medicine, has created new research laboratories in Alumni Hall for the study of innovative approaches to AIDS, diabetes, and heart and liver disease. The Dorrance H. Hamilton Laboratories were named in her honor.

“Her gift insures that the quality of the Department of Medicine faculty remains at the highest level and that their research facilities are equally top flight,” said University President Paul C. Brucker, M.D. Commented Joseph S. Gonella, M.D., Senior Vice-President and Dean, “We are further indebted to Mrs. Hamilton because she has placed no restrictions on the use to which the department can put these funds. She and her family have shown that they trust us to manage this contribution judiciously.”

The Hamilton gift is already bringing new vigor to clinical research efforts. “We have recruited two new division directors and continue to seek equally outstanding physician/scientists to join them in these research facilities. The combination of exceptional faculty and laboratories will enable Jefferson to become a major participant in what will be clinical investigation’s golden years—the next two decades,” said José F. Caro, M.D., the Magee Professor and Chairman of Medicine.

The department is consolidating five of its divisional research areas into the Hamilton Laboratories, which are being equipped to support the most modern clinical investigation. Joining the Division of Toxicology in Alumni Hall are the new laboratories of the expanded Division of Endocrinology, Metabolism, and Diabetes, and those of the Divisions of Infectious Diseases, Gastroenterology, and Clinical Pharmacology.

“These divisions are involved in molecular biology and disease-oriented research, which require very expensive equipment. Within the Hamilton Laboratories, we are setting up a core facility so the scientists can share this equipment whenever possible. This promotes the exchange of ideas and results in prudent use of our funds,” Dr. Caro said.

Already significant research on AIDS has emanated from the Hamilton Laboratories of the Division of Infectious Diseases (see the Alumni Bulletin, Summer 1992, page 34).
**Hamilton Professors Named**

The first Samuel M. V. Hamilton Family Professor of Medicine is Thorir D. Bjornsson, M.D., Director of the Division of Clinical Pharmacology at Jefferson since 1986, Dr. Bjornsson studies pharmacological mechanisms for the prevention of thrombosis and atherosclerosis, and is involved in drug development. From 1978 to 1986 he was on the faculty of Duke University, rising to Associate Professor and Acting Chief of Clinical Pharmacology. He completed a three-year postdoctoral fellowship at Stanford University.

Dr. Bjornsson is a member of the National Institutes of Health Reviewers Reserve Committee, and the Editorial Board of Clinical Pharmacology & Therapeutics.

He serves the American Society for Clinical Pharmacology and Therapeutics as Chairman of its Scientific Program Committee, and as a member of the society’s Executive Committee and Board of Directors. He also represents the American Society for Pharmacology and Experimental Therapeutics on the Council of Medical Specialties of the American College of Physicians.

He is principal investigator on two grants from the NIH.

**Dr. Bjornsson**

Sergio A. Jimenez, M.D. has been appointed The Dorrance H. Hamilton Professor of Medicine, as well as Director of the Division of Rheumatology. Dr. Jimenez had directed this division’s research section since his arrival at Jefferson in 1987. He had previously been a Professor of Medicine at the University of Pennsylvania.

The recipient of the Gerald P. Rodnan Award for excellence in scleroderma research and a member of the Medical Advisory Board of the Scleroderma Foundation, he is a leading expert on this disease.

Dr. Jimenez serves on the Reviewers Reserve Committee of the Division of Research Grants, National Institutes of Health, as well as the General Medicine A Study Section of the NIH, the Research Committee of the National Arthritis Foundation, and the Basic Research Commission of the Osteoarthritis Research Society.

An Associate Editor of Osteoarthritis and Cartilage and a member of the Editorial Board of the Journal of Connective Tissue Diseases, he has continues on page 11

**Dr. Jimenez**

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**Two New Professorships Established**

In gratitude for Mrs. Hamilton’s extraordinary gift, the Department of Medicine has established two professorships: The Dorrance H. Hamilton Professorship of Medicine, to which Sergio A. Jimenez, M.D., Professor of Medicine and Director of the Division of Rheumatology, has been named; and The Samuel M. V. Hamilton Family Professorship of Medicine, to which Thorir D. Bjornsson, M.D., Professor of Medicine and Director of the Division of Clinical Pharmacology, has been appointed (see articles this page).

Mrs. Hamilton’s gift also helped bring two new directors to the Department of Medicine: Mark A. Zern, M.D., Director of the Division of Gastroenterology, and Barry J. Goldstein, M.D., Ph.D., Director of the Division of Endocrinology, Metabolism, and Diabetes (see page 14).

“The Department of Medicine, which is responsible for the largest portion of the undergraduate curriculum, needs additional excellent faculty to train more primary care physicians, in response to the growing national need,” Mrs. Hamilton said. “Also, the more rapidly that research findings from our laboratories can be brought to the bedside, the better our patients will fare.”
New Rorer Professor

The Rorer Professorship of Medicine has a new occupant: Mark A. Zern, M.D., who becomes Director of the Division of Gastroenterology.

Dr. Zern studies the molecular biology of liver diseases of increased collagen synthesis, especially cirrhosis. This dovetails with the frontline research in collagen currently under way in Jefferson's Division of Rheumatology and Department of Dermatology.

Harvard-trained Dr. Zern, who was an Associate Professor of Medicine at Brown University and directed the Division of Gastroenterology at Roger Williams General Hospital in Providence, is supported by three grants from the National Institutes of Health. He has received the Sinsheimer Foundation Award and the Hirschl Career Scientist Award.

He serves on the Abstract Selection Committee of the American Gastroenterology Association/American Association for the Study of Liver Diseases (AASLD), the Research Committee of the AASLD, and the Grants Review Committee of the American Liver Foundation. He is a permanent member of an NIH study section.

Dr. Zern

Division Director

Heading the newly expanded Division of Endocrinology, Metabolism, and Diabetes is Barry J. Goldstein, M.D., Ph.D. Dr. Goldstein has been appointed an Associate Professor of Medicine. He is presently recruiting additional faculty in his field.

Dr. Goldstein comes to Jefferson from Harvard University, where he was an Assistant Professor of Medicine and an Associate Physician at Brigham and Women's Hospital. He was an investigator in the Section on Cellular and Molecular Physiology at the Elliott P. Joslin Research Laboratory of the Joslin Diabetes Center, where he also was Director of the Enrichment Core Programs in the Diabetes Endocrinology Research Center.

Dr. Goldstein's research focuses on Type II, or adult onset, diabetes. He seeks to understand why insulin becomes ineffective in patients with this form of the disease.

Recipient of the Medical Foundation of Boston Research Award and the American Diabetes Association Research and Development Award, Dr. Goldstein is supported by a five-year grant from the National Institutes of Health.

Dr. Goldstein

Associate Director

Raphael J. DeHoratius, '68 has been named Associate Director of the Division of Rheumatology, and Professor of Medicine.

He returns to Jefferson from Hahnemann University, where he was Director of the Division of Clinical Rheumatology/Immunology. For 18 months he was Interim Chairman of Hahnemann's Department of Medicine. He received that institution's Pacemaker Award for Outstanding House Staff Teaching, and was very active on academic committees. DeHoratius had taught at Jefferson from 1976 to 1982, rising through the ranks to Professor.

Dr. DeHoratius is Chairman of the Education Council of the American College of Rheumatology. He also serves on that society's Board of Directors and Planning Committee, and on the Medical Advisory Board of the Lupus Foundation of America.

His research support has come from various sources including the National Institutes of Health, which granted him a Young Investigator Award. In his new position at Jefferson Dr. DeHoratius is actively involved in research.

Dr. DeHoratius
Fellowships in the Department of Medicine Are Provided by Fund of Alfred W. Dubbs, ’31

Fellowships have been established in the Department of Medicine through the generosity of the late Alfred W. Dubbs, ’31. Dr. Dubbs and his family provided a charitable fund of $3 million benefiting both Jefferson and Muhlenberg College. Each fellowship award will be for one year which will follow the completion of residency.

Dr. Dubbs was able to benefit his medical school through effective use of charitable estate planning. The trusts established by him, his deceased mother, Sallie B. Dubbs, and his late sister, Mignon W. Dubbs, provided for their financial security and also helped Jefferson.

Following graduation from medical school, Dr. Dubbs was a resident for two years at Philadelphia General Hospital. He became certified by the American Board of Internal Medicine in 1939. For more than 50 years he practiced cardiology in Allentown, Pennsylvania, becoming Chief of the Department of Medicine at Sacred Heart Hospital in 1946. He was a leader in the Lehigh Valley and Pennsylvania Heart Associations. “He was considered one of the top internists in the valley,” according to his attorney, Robert Tallman. Dr. Dubbs died in December 1990.

During World War II he had served in the Army Medical Corps, spending 30 months in the South Pacific, mostly in New Guinea. He attained the rank of Major.

Active in Jefferson alumni affairs, Dr. Dubbs was enthusiastic about the growth that had taken place at Jefferson since his student days. He became interested in the university’s Planned Gifts program, and in 1974 agreed to serve as Bequest and Deferred Gifts Chairman for his class.

Dr. Dubbs’s classmate Kenneth E. Fry, ’31 remembers him as a quiet, loyal Jeffersonian. The Dubbs Fellowships confirm in perpetuity his commitment to supporting Jefferson’s pursuit of excellence.

Students Excel on Licensing Exams

Jefferson students have long excelled on the National Board Examinations, and the Classes of ’92 and ’94 are no exception. When the Class of ’94 took Part I in June, the failure rate was only 3.5 percent, compared to the national average of nine percent. And the Class of ’92 had a failure rate of only two percent when they took Part II in September 1991, while the national average is five percent. Moreover, the mean score of Jefferson students was above the national average.

There have recently been changes in the exam. Now called the United States Medical Licensing Examination (USMLE), it replaces the National Boards for U.S. medical school students and the Federation Licensing Examination (FLEX) for foreign students, and is a joint effort of the National Board of Medical Examiners and the Federation of State Medical Boards (which administered the FLEX). The reason for the change was a need to have just one exam. These agencies claim that despite the change in authorship, the structure and content of the exam will be little changed.

Students take Step I of the USMLE after the first two years of medical school. It tests knowledge of the basic sciences. During their fourth year, they take Step II, which tests the ability to make decisions in a clinical situation under supervision. During residency, they undergo Step III, which tests the ability to make decisions in an unsupervised clinical case.

Jefferson’s administration attempts to help students succeed on the exams. If a student fails a step, he or she is given a second chance to pass.

New Associate Dean Has a Teaching Background

Jonathan E. Gottlieb, M.D. has been named Associate Dean for Academic Affairs. He is an Associate Professor of Medicine in the Division of Pulmonary Medicine and Critical Care, Director of the Medical/Respiratory Intensive Care Unit, and Codirector of the fellowship program in critical care medicine.

Dr. Gottlieb was named Teacher of the Year in Jefferson’s Department of Medicine in 1987, and Outstanding Teaching Attending in the department for 1990–91. He chairs the Technology Assessment Committee, the Committee on Special Care Units, and the Medical/Respiratory Working Committee.

A reviewer for the Annals of Internal Medicine, Dr. Gottlieb is Cochairman of the Technology Assessment Committee Advisory Board on Antiendotoxin Monoclonal Antibodies for the University Hospitals Consortium.

Before coming to Jefferson in 1986, he served as an Assistant Clinical Professor at Yale University, and Chief of the Subsection of Critical Care Medicine at Norwalk Hospital. He did a fellowship in respiratory medicine at Johns Hopkins.
On Campus

$5 Million Grant Made to Jefferson Cancer Institute to Study Leukemia and Non-Hodgkin's Lymphoma

Researchers at the Jefferson Cancer Institute have received a $5 million grant from the National Institutes of Health to study the genes and mechanisms involved in acute leukemia and non-Hodgkin's lymphoma.

The researchers are working to define further the genes and mechanisms involved in the pathogenesis of acute leukemia. They also seek to understand how low-grade, or less active, forms of leukemias and lymphomas progress to aggressive, high-grade forms. While the researchers already know about many of the initiating genetic changes responsible for these aggressive cancers, they plan to look upstream and downstream from these genes to identify specifically which molecules control gene activation and how the various gene transcripts affect cell signaling pathways to cause cancer.

Identifying the molecular basis of these diseases enables researchers to devise extremely sensitive tests for the diagnosis, prognosis, and monitoring of these various forms of leukemia and lymphoma.

"Eventually, we will be able to detect one cancer cell in a million with a single blood or bone marrow test—an improvement that makes monitoring the course of disease and the effectiveness of cancer treatments faster and easier," says Carlo M. Croce, M.D., Chairman of Microbiology and Immunology and Director of the Jefferson Cancer Institute.

Cancer Specialist is Honored with Coolidge Award

The American Association of Physicists in Medicine has presented its Coolidge Award and Gold Medal to Nagalingam Suntharalingam, Ph.D., Professor of Radiation Oncology and Nuclear Medicine and Director of Medical Physics, for career attainments in this field.

In 25 years on the Jefferson faculty, "Dr. Suntha" has contributed to the understanding of high-energy photon and electron dosimetry and helped lead the development of computer-augmented methods of delivering radiation treatments.

Dr. Suntharalingam has significantly influenced the practice of radiation oncology physics. His efforts in quality assessment and control of patient treatments have made a major impact. He has been President and Chairman of the Board of the American Association of Physicists in Medicine, and Chairman of the Board of the American College of Medical Physics, and has served for three years on the governing board of the American Institute of Physics. On several occasions, he has been a consultant to the National Cancer Institute, the World Health Organization, and the International Atomic Energy Agency. The physics examination panels of the American Board of Radiology and the American Board of Medical Physics have benefited from his participation.

Dr. Suntharalingam's son Mohan graduated from Jefferson in the Class of '90, and is following in his father's footsteps by specializing in radiation oncology.

Dr. Suntharalingam

Another important aspect of the research involves developing antisense gene therapies to shut off genes critical to the cancer process. Antisense strategies work by introducing short pieces of synthetic DNA to bind to, and thus inactivate, specific altered transcripts in cancer cells. Because antisense is gene-specific by design, researchers hope that these treatments will eliminate many of the side effects inherent in current radiation and chemotherapy treatments, which typically target all rapidly dividing cells. With leukemia, the goal is to cure patients by eradicating the disease in their bone marrow.

Chairman of Radiation Oncology and Nuclear Medicine Carl M. Mansfield, M.D. has received the Distinguished Service Award of the American Cancer Society, Philadelphia Division.

Clinical Associate Professor of Psychiatry Stephen L. Schwartz, M.D. has been elected President of the Psychiatric Physicians of Pennsylvania/Pennsylvania Psychiatric Society.

Clinical Professor of Otolaryngology Donald P. Vrabec, M.D. has received the Pennsylvania Academy of Otolaryngology's highest honor, its Distinguished Service Award, and Clinical Associate Professor Thomas L. Kennedy, M.D. has been elected President of this same academy.

Bulletin Staff News: Past Associate Editor of the Alumni Bulletin, Cynthia J. T. Clendenin, who contributed to the Winter 1988 issue through last spring's issue, is at St. Jude Children's Research Hospital, a pediatric oncology/basic research center in Memphis, Tennessee, as a Senior Scientific Editor.
James P. Bagian, '77 Receives Dean’s Medal and Meets with Students

Astronaut and principal member of NASA’s first biomedical mission in the Space Shuttle program, James P. Bagian, ’77 was presented with the Dean’s Medal at Opening Exercises on September 9. It was a big day as well for the freshmen medical students, who attended orientation sessions including an address by Dr. Bagian about medical school and careers. Meanwhile their parents were welcomed by the Alumni Association. Following Opening Exercises, freshmen and alumni chatted in the warm fall air on Scott Plaza.

In awarding the medal Dr. Gonnella cited Dr. Bagian’s “diverse abilities as physician, engineer, pilot, and astronaut, and his translating possibilities into reality.” The recipient commented, “The education and experience I received at Jeff prepared me for many things in life, not just for practicing medicine. The resources here are excellent for giving students a wide preparation for many different career paths.” photos by Robert Neroni

Dr. Bagian talks with first-year student Christian T. Royer and his mother, Mary Jane Royer, and father, Thomas C. Royer, M.D., President, CEO, and Chief Operating Officer of the The Johns Hopkins Medical Services Corporation, who knew Dr. Bagian when they were both at Jefferson affiliate Geisinger Medical Center.

Senior Vice-President and Dean Joseph S. Gonnella, M.D. presents the Dean’s Medal to Dr. Bagian.

Hiroomi Tada, Class of '93, received the College of Graduate Studies Alumni Thesis Award, for excellence in graduate work, at Opening Exercises. He will be the first Gibbon Scholar M.D./Ph.D. student to finish, having received his Ph.D. in June from Jefferson’s Department of Biochemistry and Molecular Biology, and being now in his final year of M.D. studies. He is seen here at Opening Exercises with Jussi J. Saukonnen, M.D., Dean of the College of Graduate Studies.

Enjoying the Welcome for Freshman Families hosted by the Alumni Association are Mr. and Mrs. Roger Thomas, Jr., parents of Karin E. Thomas, and Mrs. Nand K. Todi, mother of Neelam Todi.

Smiling at opening day of their medical school careers are freshmen Dennis-Roger Philip, Michele A. Fantazzio, and Nicholas M. Mittica, Jr.

Associate Dean for Admissions Benjamin Bacharach, ’56 talks about Jefferson with Norris V. Claytor, whose son Richard just began his freshman year.
Dr. Templeton is 1992 Strittmatter Medalist

On November 22 John Y. Templeton III, '41 becomes the latest in a distinguished line of Jeffersonians to be presented with the Strittmatter Award of the Philadelphia County Medical Society. Currently a Professor Emeritus of Surgery, Dr. Templeton is a pioneer in cardiac surgery and surgical research, and trained numerous students and residents. His classmate Frederick B. Wagner, Jr., '41, in giving a biographical sketch at the presentation of Dr. Templeton’s portrait to Jefferson in 1980, recalled, “As a medical student he was as extraordinary as he is today. All the qualities were there:

The Strittmatter Award

In 1923 Isidore P. Strittmatter, M.D. of Jefferson’s Class of 1881 established a trust fund at the Philadelphia County Medical Society to secure a gold medal, to be awarded to the physician presenting the most valuable contribution to the healing art, including remedial measures, surgical or medical, or contribution to one of the fundamental sciences of medicine, having a beneficial influence on either surgery or medicine, or for any extraordinary service redounding to the credit of the medical profession. It is the society’s highest honor.

The award consists of a citation on which is inscribed the name of the recipient and the reason for receiving the award. The gold medal bears on one side the caduceus encircled by the words “The Dr. I. P. Strittmatter Award,” and on the reverse the name of the Philadelphia County Medical Society encircling the name of the recipient and the year of the award.

Dr. Strittmatter was an outstanding Philadelphia gynecologist. He was born in Carrollton, Pennsylvania in 1860, and died in 1938. He served as President of the Philadelphia County Medical Society in 1928. His award has honored some of the century’s most distinguished physicians and surgeons.

Jefferson Recipients of the Award

1923 William W. Keen, Jr., Class of 1862
1924 Albert P. Brubaker, Class of 1874
1926 J. Chalmers Da Costa, Class of 1885
1927 Chevalier Jackson, Class of 1886
1931 John A. Kolmer, Class of 1894
1932 Lawrence F. Flick, Class of 1879
1943 Edward A. Strecker, '11
1945 Francis F. Borzelli, '06
1947 Pascal F. Lucchesi, '26
1951 Henry L. Bockus, '17
1955 Louis H. Clerf, '12
1957 Lewis C. Scheffey, '20
1962 John H. Gibbon, Jr., '27
1988 Lewis W. Bluemle, Jr., M.D., President of Thomas Jefferson University 1977–1990
1991 John Y. Templeton III, '41
colossal energy, forthrightness, scholastic brilliance, and that dry succinct humor characteristic only of Dr. Templeton."

Raised in North Carolina, Dr. Templeton graduated from Jefferson as a member of the Alpha Omega Alpha Honor Medical Society. He served an internship here, then entered the Army Medical Corps. He married Dorothy Fraley, who had graduated from the School of Nursing in 1942.

Dr. Templeton returned to Jefferson for a residency in general and thoracic surgery under John H. Gibbon, Jr., '27, and remained here as an American Cancer Society Clinical Fellow and Damon Runyon Fellow. He spent most of his professional career at Jefferson except for four years at Pennsylvania Hospital as head of the Section of Cardiothoracic Surgery and then Director of the Department of Surgery. In 1967 he was appointed The Samuel D. Gross Professor and Chairman of Surgery at Jefferson. Since 1969 he has contined as a Professor, currently holding Emeritus status. He is the author of numerous articles in the surgical literature.

Presently an Alumni Trustee of Thomas Jefferson University, Dr. Templeton served as President of the Alumni Association in 1976–77 and as President of the Medical Staff from 1980 to 1983. He has been a Governor at-Large of the American College of Surgeons, a member of the Board of Governors of the Heart Association of Southeastern Pennsylvania, and President of the Philadelphia Academy of Surgery, the Philadelphia County Medical Society, the Pennsylvania Association for Thoracic Surgery, and the Pennsylvania Medical Society.

Dr. Templeton received Jefferson’s Alumni Achievement Award in 1981. Six years later the university honored him with the Winged Ox Award and an honorary degree of Doctor of Laws. 

and universities. They hail from 22 states, Puerto Rico, and the District of Columbia.

Almost every member of the present class (except for our special program students such as Early Decision applicants or Jefferson/Penn State Accelerated Program students) had acceptances from one or more other medical schools. Some of the class had acceptances from four or five medical schools with lower tuitions, but nevertheless chose to come to Jefferson. One member of the class had been accepted by three medical schools last year, but chose to wait another year and reapply to Jefferson (several students have done the same this year and have reapplied to Jefferson for September 1993).

Describing the recent trends in medical school applications is easier than attempting to explain why there seems to be an increasing interest in medicine as a career. The process of preparing for and applying to medical school requires (for most applicants) several years of academic preparation. So it seems difficult to attribute the increase in applications to the relatively recent, national economic problems (especially considering the increase in applications began in 1989).

Jefferson has experienced a roughly 200 percent increase in applications compared to the national figure, for which there are several possible reasons. One is the result of the efforts of Dean Joseph S. Gonnella, M.D. to bring some of the nation’s most significant research figures to Jefferson. Many of the 11 new department chairmen are internationally prominent scientists and their reputations and achievements are well-known in university and college science departments across the country (equally well-known is the new Gibbon Scholars M.D./Ph.D. program under the direction of Darwin J. Prockop, M.D., Ph.D.). A significant number of students have applied to Jefferson because of the research programs and opportunities now available here.

The most significant factor in the increase in applications to Jefferson, in my opinion, is the result of the efforts of the Committee on Admissions, the medical students who conduct applicant interviews and tours, and the office staff who handle the hundreds of phone calls, letters, and office visits from applicants. All of those involved in the admissions process make applicants to Jefferson feel welcome, and provide help and advice when needed. From the many premed advisors visiting from colleges and universities, and from the innumerable letters and replies to questionnaires from applicants, have come comments such as “the best interview process of any medical school” (frequent) and “our students come back from Jefferson talking about the friendly reception from the students and faculty” and “the visit to Jefferson was the best interview day I had all year.” Even those students who choose to go to another school encourage others on their campus to apply to Jefferson, and they do. Over 130 advisors have come to visit Jefferson over the past several years in response to our invitation and I, in turn, have been invited to speak to premedical students at colleges from Princeton to San Diego.

Jefferson’s applications have, of course, been affected by the same factors which have influenced the smaller, but significant, increase in applications to all medical schools. There are more women applying to medical school every year. There are an increasing number of older “career-changers” applying each year, and some of the students who had been interested in law school or careers on Wall Street seem to have become disenchanted with career prospects in those fields and are applying to medical school. This may explain the current increase in medicine as a career, but there is no way of knowing whether we will be facing another cycle of decreasing applications in the next few years as the numbers of 22-year-olds in the population decrease further. Jefferson will continue to make efforts to recruit the best students in the country and to acquaint them with the people, the programs, and the facilities which continue to make Jefferson a great school for the education and training of good doctors.
Alumni Receptions

Chapters in D.C. and Pennsylvania Welcome Dr. Brucker

Jefferson’s President Paul C. Brucker, M.D. was warmly greeted by alumni at three recent receptions. On September 17, a dinner was held in honor of him and Mrs. Brucker in Bethesda, Maryland, for Washington-area alumni. Dr. and Mrs. Brucker traveled on September 30 to Wilkes-Barre, Pennsylvania for a reception, followed the next evening by an event in Scranton. At the Pennsylvania stops William E. Delaney III, ’53, Alumni Association President, spoke about future plans for the association. Dr. Brucker reported on Jefferson’s progress. With alumni support, he said, the future of the college looks very strong.

At a reception for the Bruckers in Bethesda: (standing) Jay M. Grodin, ’65, Samuel M. Dodek, ’27, Mrs. Paul C. Brucker, Loretta P. Finnegan, M.D., Gerard McGarrity, Ph.D. ’70, (seated) Mrs. Grodin, Dr. Brucker, Harold L. Stewart, ’26, and his daughter, Janet Rowan. Dr. Finnegan was a Professor at Jefferson until her recent appointment at the National Institute on Drug Abuse as Senior Advisor on Women’s Issues.

Washington-area alumni (standing) Reginald Wills, ’74, Rebecca A. Zuurbier, ’86, Dr. and Mrs. Robert M. Allen, ’54, (seated) Dr. and Mrs. Leonard M. Glassman, ’69, and Dr. and Mrs. Morton A. Kavalier, ’69

Left: in Wilkes-Barre, Dr. and Mrs. Louis C. Blaum, ’41, Dr. Brucker, George F. Speace II, ’72, and Dr. and Mrs. Burton S. Benovitz, ’55

Dr. and Mrs. David H. Moore, ’75
In charge of the Bethesda festivities was Jay M. Grodin, '65, with the assistance of Adolph Friedman, '43 (the Alumni Vice-President for the D.C. area), Richard D. Bauer, '45 (Vice-President for Maryland), John A. Martin, J'44 (Vice-President for Virginia), Samuel M. Dodek, '27, Leonard M. Glassman, '69, Everett J. Gordon, '37, Herbert G. Hopwood, Jr., '58, and Joseph Snyder, '62.

Host for the evening in Wilkes-Barre was George F. Speace II, '72, aided by Burton S. Benovitz, '55.

The event in Scranton, for the Northeastern Pennsylvania chapter of the Alumni Association, was chaired by Stephen E. Pascucci, '48, assisted by his son Stephen E. Pascucci, Jr., '83, Linda D'Andrea Barasse, '81, Peter A. Cognetti, '83, William J. Farrell, '61, and Hugo Mori, '62.

Photos: Maryland, MHI Photography; Wilkes-Barre, Kenneth Fox; Scranton, Angelo Rose.

Peter Lancione has been honored by an endowment established in his name at the Department of Family Medicine at Ohio State University. It will promote the study of this specialty. Dr. Lancione has practiced family medicine for 52 years.

Clyde C. Greene, Jr. was Jefferson’s official representative at the inauguration of Mary Alice Muellerleile as President of Holy Names College in Oakland, California.

Three members of the class received awards from their medical societies recognizing fifty years of service as physicians: Nicholas J. Christ, Berks County Medical Society; Robert A. Heinbach, Northumberland County Medical Society; and Anthony G. Zale, Lackawanna County Medical Society.

Robert M. Kerr has been elected to the board of the Wyoming Valley Chapter of the American Red Cross.

H. Blake Hayman was featured in a recent issue of his local paper. Dr. Hayman continues his gynecology practice.

Robert Yannaccone retired in July, after practicing for almost 40 years—all of them in Wattsontown, Pennsylvania.

Andrew J. Cerne received the Distinguished Alumnus Award from St. Vincent College in Latrobe, Pennsylvania in August. Dr. Cerne is also serving on the Board of Directors of Westmoreland Hospital.

James J. Humes was mentioned in an article in the October 6 New York Times about the health of John F. Kennedy. Dr. Humes was one of the principal pathologists who performed President Kennedy’s autopsy.

Gerald J. Marks was named one of “The Best Cancer Specialists in the U.S.” by the October issue of Good Housekeeping magazine. The 400 physicians cited by the national magazine were chosen after interviews with more than 350 department chairmen and section chiefs at 110 major hospitals and comprehensive cancer centers across the country.

Robert Poole has practiced in West Chester since 1955, and is on the Board of Directors of Chester County Hospital. He still makes several house calls each week. Active at Westminster Presbyterian Church, he is chairing its campaign to build a new church. Dr. Poole hopes to encourage medical students to enter family medicine. “We desperately need more family practitioners,” he feels.

Robert Poole III, its Family Physician of the Year. Dr. Poole has practiced in West Chester since 1955, and is on the Board of Directors of Chester County Hospital. He still makes several house calls each week. Active at Westminster Presbyterian Church, he is chairing its campaign to build a new church. Dr. Poole hopes to encourage medical students to enter family medicine. “We desperately need more family practitioners,” he feels.

John M. Patterson, ’54 has been named Family Physician of the Year by the Mississippi Academy of Family Physicians. Dr. Patterson has served several terms as Chief of Staff at Pontotoc Hospital, and according to its administrator, “Everyone who knows him agrees that his caring and compassionate personality has endeared him to countless patients.” Dr. Patterson serves on the Board of Directors of the University of Mississippi Medical Center in Jackson. He is District Director of the Mississippi Academy of Family Physicians, and President of the Family Health Foundation of Mississippi, the philanthropic arm of the academy.

Louis T. Kermon was honored at a ceremony at the Country Doctor Museum in Bailey, North Carolina. Dr. Kermon practiced internal medicine in Raleigh from 1952 until his retirement in 1996, and now works for the state as a medical consultant for the Disability Determination Section under Social Security.

William F. Kraft did volunteer work in a severely impoverished village in Honduras in February 1991 and February 1992, and will return again this coming February. He has printed a booklet describing his experiences, called A Personal Journey, in which he writes that the people of San Pedro Sula “politely informed me that had I not known such luxuries as hot water, soap, sanitation, nutritional food, and complete clothing I would be exactly as they are. And in one month I did become more as they are, caring less about comforts and concentrating more on the absolute necessities for existence.”

Joseph F. Tabasco is retired from family practice and is enjoying travel.

Jay A. Nadel delivered the Robert F. Johnston, M.D. Lecture at Hahnemann University. His presentation was entitled “From Molecules to the Bedside in Pulmonary Disease.” Dr. Nadel holds appointments at the University of California at San Francisco as Professor of Medicine, Chief of the Section of...
Pulmonary Diseases, and Director of the Multidisciplinary Training Program in Lung Disease.

**Eugene G. Stec** has been elected to the Board of Directors of Mercy Hospital in Scranton.

'64

**Francis J. Nash** received a certificate of appreciation and a gold watch from Tufts University School of Medicine, where he has taught for 34 years in the Department of Obstetrics and Gynecology.

'58 Thirty-Fifth Reunion June 4–6, 1993

**Herbert G. Hopwood, Jr.** received the Welburn Award from the Arlington County Medical Society for “initiative, devotion, and service to medicine for northern Virginia.” This award, given only in certain years, recognizes service above and beyond the call of duty. Dr. Hopwood’s practice of obstetrics and gynecology continues to flourish.

'65

**Nancy S. Czarnecki** has taken on a new responsibility as Director of Medical Services for the Central Atlantic Group Operations of Prudential Insurance Company. Though pleased at this opportunity, she had “a heavy heart” about leaving the patients she has come to love in her 26-year practice. Recently Dr. Czarnecki served as Jefferson’s official representative at the inauguration of Sister Marie Roseanne Bonfini, L.H.M. as President of Immaculata College.

'66

**Nicholas J. Ruggiero** has been active in formulating a comprehensive alcohol and drug abuse policy for students in the Wyoming Area School District. Dr. Ruggiero is cochairman of a committee that has worked for the past year in conjunction with the police department. “I’m not so much concerned with the punitive side of drug and alcohol use as with the educational side,” he comments.

'67

**George E. Cimochowski** has been appointed a Visiting Assistant Professor of Surgery at Cornell University Medical College. He was also honored by the community of Forest City, Pennsylvania as one of its Distinguished Citizens.

'59

**Burritt L. Haag** continues as Chief of the Endocrine/Metabolic Division of the Department of Medicine at Baystate Medical Center in Springfield, Massachusetts, the western campus of Tufts University School of Medicine. He has received various distinctions including the American Diabetes Association’s 1985 Pfizer Award for an outstanding clinician. His daughter **Colette A. Haag, ’91** is now a second-year resident in obstetrics and gynecology at Baystate Medical Center.

'61

**Stanton N. Smulens** continues as President of the Medical Staff of Thomas Jefferson University Hospital.

'63 Thirtieth Reunion June 4–6, 1993

**John N. Rightmyer** has joined the medical staff of Wernersville State Hospital.

**Joseph A. Stezak** has been elected Secretary/Treasurer of the Medical Staff at Frick Hospital and Community Health Center in Mount Pleasant, Pennsylvania.

**Henry F. Smith** has become board certified in critical care medicine.

'64

**James M. Delaplane** has resigned as Director of Friends Hospital, having served in that capacity for 13 years and as Medical Director for seven years. He is now in private practice.

**Edward C. Leonard, Jr.** received the Daniel Blain Award of the Philadelphia Psychiatric Society for dedication and service to the specialty.

'66

**Dr. Cimochowski**

Daniel C. Harrer has joined the medical staff of South Jersey Hospital System.
Bruce L. Gewertz, ’72 Appointed Chairman of Surgery at University of Chicago

The University of Chicago has appointed Bruce L. Gewertz, ’72 the Dallas B. Phemister Professor and Chairman of Surgery. Dr. Gewertz is already Faculty Dean of Medical Education and Director of the Biomedical Curriculum Initiative at this highly prestigious medical school and research center.

Samuel Hellman, Dean of Chicago’s Biological Sciences Division and Pritzker School of Medicine, said, “Dr. Gewertz has demonstrated in abundance his abilities as a caring physician, a skillful surgeon, an imaginative researcher, and an inspiring teacher. We are pleased to have someone of his talents as chairman.”

The author of a book on vascular surgery and numerous book chapters, Gewertz is Editor of the Journal of Surgical Research, Editor for Basic Science and Book Reviews at the Annals of Vascular Surgery, and a member of the Editorial Board of International Vascular Surgery.

His clinical and research interests include cerebrovascular disease, aortic aneurysmal disease, and ischemia/reperfusion injury of the small bowel.

His numerous honors include the Jobst Award for Peripheral Vascular Research and the Teaching Scholar Award from the American Heart Association. Virtually every class he has taught at Chicago has chosen him for recognition for excellent teaching. Gewertz is a past President of the Association for Surgical Education and past Chairman of the Education Committee of the Association for Academic Surgery.

He has chaired the Management Committee of the University of Chicago Health Plan, and has served on the Council of the University Senate.

Dr. Gewertz exemplifies Jefferson’s tradition of contributions to education and surgical knowledge.

'67 Continued: Martin E. Koutcher has been elected President of the Medical Staff of Methodist Hospital in Philadelphia.

'68 Twenty-Fifth Reunion June 4–6, 1993
Garth A. Koniver has been named a Fellow of the American College of Radiology.

'69
Robert Abel, Jr. has been promoted to Clinical Professor of Ophthalmology at Jefferson.

John H. DeFrance has been named Chairman of Surgery at Danbury Hospital in Connecticut.
Andrew B. Walker has moved to Pensacola, Florida, where he is a pediatric surgeon at Sacred Heart Children’s Hospital.

'70
Neil O. Thompson and his wife, Wanee, are the proud parents of Kevin Neil, born April 23.

'71
Philip A. Macy has begun residency in a different specialty, family practice, at the Central Maine Medical Center. Previously Dr. Macy had practiced anesthesiology.

'72
Paul A. Andruleonis has been appointed Director of Clinical Services in the Department of Child and Adolescent Psychiatry at Newington Children’s Hospital. Under his direction, consultation services will be expanded into specialized areas including psychopharmacology, and research will be developed. Dr. Andruleonis also serves as an Associate Professor of Child Psychiatry at the University of Connecticut. He currently is on the Editorial Board of the Journal of Child and Adolescent Psychopharmacology, and serves as a Board Examiner in General and Child and Adolescent Psychiatry.

James E. Fitcsar has been appointed to the teaching staff in general surgery at Portsmouth Naval Hospital in Virginia.
Craig T. Haytmanek has been elected President of the Medical Staff of St. Luke’s Hospital in Allentown, Pennsylvania.

'73 Twentieth Reunion June 4–6, 1993
Benjamin Gerson has been appointed an Adjunct Professor of Pathology and Cell Biology at Jefferson.
Peter R. Hulick has been named a Fellow of the American College of Radiology.
Kathleen McKeag Comly has been appointed Director of Psychiatric and Medical Services at Devereux Foundation’s Mapleton Center in Malvern, Pennsylvania.
Mark S. Pascal has been elected President of the Oncology Society of New Jersey.
Lynne E. Porter was Jefferson's official representative at the inauguration of Dr. Esther L. Barazzone as President of Chatham College in Pittsburgh.

'74
John J. Karlavage has opened an office in Watsontown, Pennsylvania.

'75
Ellis R. Levin has been named Chief of the Division of Endocrinology and Metabolism at Long Beach Veterans Hospital. He has also been appointed to the Editorial Board of the Journal of Clinical Endocrinology and Metabolism.

'77
Alex B. Bodenstab has moved his office of orthopaedic surgery from Wilmington to Newark, Delaware. Dr. Bodenstab is affiliated with the Alfred I. duPont Institute, the Medical Center of Delaware, and St. Francis Hospital.

Robert S. Boova has been appointed Chief of Cardiac Surgery at Bryn Mawr Hospital. His areas of interest include mitral valve repair, reoperative coronary bypass surgery, and "high-risk" open-heart surgery.

E. Paul Howanitz has joined the staff of St. Luke's Hospital in Superior, Wisconsin, specializing in thoracic and cardiovascular surgery.

'79
Richard T. Fields has been appointed Chairman of the Emergency Department at North Arundel Hospital in Maryland. He was featured in an article in his local paper.

Gary D. Smethers has been named Medical Director of Thunderbird Samaritan Medical Center in Glendale, Arizona.

'80
Jean L. Grem, a senior investigator at the National Cancer Institute's Navy Medical Oncology Branch, has received promotion with scientific tenure.

Barry W. Rovner served on the National Institute on Aging's Study Section on the Management of Alzheimer's Disease. In the October issue of the American Journal of Psychiatry he published an article evaluating the impact of new regulations on prescribing psychotropic drugs in nursing homes. Dr. Rovner is Medical Director of the Jefferson/Wills Eye Hospital Geriatric Psychiatry Program.

James A. Solan has been elected Secretary-Treasurer of the Medical Staff at Mon Valley Hospital in Pennsylvania.

'81
Jonathan D. Adams represented Jefferson at the inauguration of Dr. John H. White as President of Geneva College.

Jerome H. Rosenstein has joined the Geisinger Wyoming Valley Medical Center in obstetrics and gynecology.

Robert S. Shusman has joined the medical staff of Springfield Hospital in Springfield, Pennsylvania in family medicine.

'82
Steven C. Flashner has joined the urology staff at Doylestown Hospital in Doylestown, Pennsylvania.

Larry M. Gersten has been inducted as a Fellow of the American Academy of Orthopaedic Surgery and as a Fellow of the American College of Surgeons.

Paul M. Jurkowski has joined the medical staff of Auburn Faith Community Hospital in Auburn, California. His area of interest is treatment of chemical dependency.

John P. Nolan, Jr. has been named Chief of Orthopaedics at Mercer Medical Center in Trenton, New Jersey.

Timothy S. Pilla has been certified in vascular surgery. He is on staff at Underwood-Memorial Hospital in New Jersey.

John A. Wilson, Jr. has joined the medical staff of Ohio Valley General Hospital in Pittsburgh.

Mark L. Zwanger has been appointed Director of the Residency Program in Emergency Medicine at Jefferson.

'83 Tenth Reunion June 4–6, 1993
James S. Andersen continues on the clinical faculty at the University of Southern California in plastic surgery.

Peter A. Cognetti has been elected Secretary of the Medical Staff at Mercy
Tell Us the News!
What's happening in your life?
We may include it in these columns. Give the Bulletin a call, or fax, or drop a note in the mail.
Address correspondence to "Attention Alumni Bulletin" Jefferson Medical College
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Alumni Bulletin 215 955-7920
Fax 215 923-8599

Please Return Questionnaire
Alumni will receive a questionnaire from Harris Publishing Company for the upcoming Jefferson Medical College alumni directory, which will include addresses, telephone numbers, and more. Please respond so that information about you will be up-to-date and accurate. Alumni may order the directory at a later date; watch the Alumni Bulletin for an announcement.

Park for Only $3.50
Alumni receive a discount at Jefferson's parking lot, which can be entered from Tenth or Eleventh Street, between Walnut and Locust. However, you must purchase coupons from the Office of Commuter Services, 131 South Tenth Street, which is open weekdays from 7:00 A.M. until 6:00 P.M., and Saturday from 11:00 A.M. until 1:00 P.M. The discount is only available if you enter the garage between 3:00 P.M. and 5:00 A.M., or anytime on weekends and official university holidays. And it only applies if you park for less than 18 hours. Remember to bring your alumni identification card with you to the Office of Commuter Services. Question? Call 215 955-6417.

Your diploma is from Jefferson Medical College of Thomas Jefferson University—please refer to your degree as being from Jefferson Medical College.

Tell Us the News!

Charles Norelli has been elected a Trustee of the Good Shepherd Home in Emmaus, Pennsylvania.

'84

Robert E. Briggs has relocated to Tappahannock, Virginia, where he is practicing family medicine and is associated with Riverside Hospital. Previously he had served in the Indian Health Service for three years in Cherokee, North Carolina.

Four members of the class recently received faculty appointments at Jefferson. Kirk W. Dabney has been named an Assistant Professor of Orthopaedic Surgery; Andrew J. Glick has been named a Clinical Assistant Professor of Urology; Steven A. Katz has been appointed an Instructor in Surgery (Emergency Medicine) at Jefferson, working at Methodist Hospital; and David A. Rivas has been appointed an Instructor in Urology.

Daniel B. Kravit has opened an office for the practice of psychiatry in Lancaster, Pennsylvania. His interests include forensic psychiatry.

Randall E. Slimak has joined Sullivan Trail Medical Group and the medical staffs of St. Joseph's Hospital and Arnot Ogden Hospital in Elmira, New York. He and his family moved there in July from Washington, D.C. On August 13 his wife, Grace, gave birth to their second child, Evan Armando.

'85

Paul J. Berlin has joined a practice of allergy, asthma, and immunology for children and adults in Philadelphia and its suburbs.

Lee C. Edmonds has joined the medical staff of Bassett Hospital in Cooperstown, New York in pulmonary medicine.

Michael J. Georgetson has joined the Guthrie Clinic and Robert Packer Hospital in Sayre, Pennsylvania.

Wendy R. Mailman was featured in an article in her local paper in Lewisburg, Pennsylvania about her work as an anesthesiologist in a small community hospital.

Marlon T. Maus has been appointed an Instructor in Ophthalmology at Jefferson, while Donald T. Nardone has been appointed an Instructor in Medicine.

'86

Melissa C. Brown has been elected a Trustee of Keuka College in Keuka Park, New York.

Patti J. Brown has joined the medical staff of Reading Rehabilitation Hospital. Physical medicine and rehabilitation is her specialty.

Jeffrey M. Chase and his wife, Tami, are the proud parents of James McAllister Chase, born September 1. In March the Chases hosted a mini Jefferson reunion in San Diego when Steven P. Gohsler, William R. Schetman, and Mark L. Williams visited them for the weekend.

Daniel N. Coar has joined the nephrology staff at Kent General Hospital in Dover, Delaware.

John F. Danella has joined the Department of Urology at the Geisinger Clinic in Danville, Pennsylvania. His professional interest is in urologic oncology. Dr. Danella recently completed a clinical fellowship in this field at UCLA Medical Center, while also serving as a Clinical Instructor in the Division of Urology.

Kent E. Kester and his family have moved to Laurel, Maryland, where he is now a research fellow in infectious disease at Walter Reed Army Medical Center in Washington. Dr. Kester has been promoted to Major in the Army Medical Corps.

Thomas A. Krebs has joined the Geisinger Medical Group in Selinsgrove, Pennsylvania in family medicine.

'87

Jocelyn J. Sivalingam has been named an Instructor in Medicine at Jefferson.
Carolyn F. Classen has joined another physician in the practice of internal medicine in Gettysburg.

Connie S. Drapcho-Foti has joined the Department of Medicine at Doylestown Hospital in Doylestown, Pennsylvania.

Jeffrey C. Eschbach received the Navy Achievement Medal for his service this past year as Chief Resident in Family Practice at Jacksonville Naval Hospital in Florida. Dr. Eschbach is now stationed at the Naval Hospital on Guam. His wife, Margaret H. Duffy, completed her family practice residency at St. Vincent's Hospital in Jacksonville, and is now practicing family medicine on Guam.

George E. Fleming, Jr. has joined a family medicine practice and is on the staff of Memorial Hospital in Bedford County, Pennsylvania.

Eric K. Fowler has joined the family medicine staff at Geisinger Medical Center in Lewistown, Pennsylvania.

Vera Hentosh Huffnagle and M. James Huffnagle II are thrilled at the birth of M. James III on September 26. Dr. Vera Huffnagle continues as Chief Neurological Resident at the Medical College of Georgia, and Dr. James Huffnagle is on the family medicine staff at Eisenhower Medical Center.

Dale K. Hursh has joined the Susquehanna Family Health Center in Marietta, Pennsylvania.

Maria Gombeda Melli has opened a family practice office in Springfield, Pennsylvania.

Debra Lynn Somers married Steven E. Copit, '88 in October.

John M. Spandorfer has been appointed an Instructor in Medicine at Jefferson.

Leonard J. Tannas, Jr. has been invited to join the Villanova Law Review, a great honor at Villanova University Law School, where he is a student. Dr. Tannas has been doing some legal work for a firm in Philadelphia.

Deborah S. Wright has joined the staff of Yardley Medical Center in Yardley, Pennsylvania.

Charles Fineberg, M.D., GS'55 has been elected President of the J. Aitken Meigs Medical Association. Founded in 1850 by Jefferson students in memory of Dr. Meigs, a member of the Class of 1851, it is one of the oldest medical societies of its kind in the United States. Dr. Fineberg continues as a Professor of Surgery and Physician Director of the Operating Rooms at Jefferson.

Louis L. Keeler, M.D., U'67 demonstrated a prostate cancer surgery technique in August to some 200 physicians at a laparoscopy and urology conference at the Clinic of Mannheim in Germany. Dr. Keeler performed a radical perineal prostatectomy, a procedure that allows for much more rapid recovery than from a prostatectomy involving an abdominal incision. The surgery Keeler performs is done by only a couple German physicians, and only a handful in the U.S. are considered expert at it. Because the perineal technique is a more direct route to the prostate gland, after-surgery pain is reduced, potency and urinary control are maintained, healing is quicker, and there is less blood loss. This approach does not allow the urologist to examine any of the lymph nodes to which the cancer may have spread, but this can be accomplished by a laparoscopic lymphadenectomy. Dr. Keeler serves as a Clinical Associate Professor of Urology at Jefferson.

Cindy Grossman, M.D., P.D.'83 is busy in three new pediatric clinics at Lower Bucks Hospital in Bucks County.

Inwha Cho, M.D., N'85 has joined the consulting medical staff of Hanover General Hospital in Hanover, Pennsylvania. Dr. Cho has a special interest in electrodiagnostic procedures. He shares his office with his wife, Young Ja Cho, who is also a neurologist.

Jon Porter, M.D., F.P.'85 has joined Community Health Plan's office in Hoosick Falls, New York. Previously he had served as university physician, Associate Director of Athletic Medicine, and Director of Laboratory and X-Ray Services at Princeton University.
Obituary

Gerald A. Cyr, '30 died July 5 at age 86. Dr. Cyr had practiced in his hometown of Waterville, Maine, and in California as a ship’s doctor for the Grace and Lurline Steamship Lines and later at Napa State Hospital. He is survived by his wife, Katherine, and a son.

Joseph E. Ginsberg, '36 died September 5 at age 82. Dr. Ginsberg had practiced obstetrics and gynecology in his native New Castle, Ohio for four decades. He is survived by his wife, Dorothy, and a daughter, Susan M. Ginsberg, '78.

William E. Ackermann, Jr., '37 died July 10 at age 80. Dr. Ackermann had practiced in his hometown of Wheeling, West Virginia since 1938. In addition to his private practice of family medicine, he had been an industrial surgeon for Wheeling Steel Corporation, and Medical Director of the Blaw-Knox Plants. He is survived by his wife, Kathleen Ann, and a stepson.

Robert J. Anzinger, '38 died July 23 at age 80. Dr. Anzinger had served as Director of the Department of Internal Medicine and Chief of Staff at Good Samaritan Hospital in Cincinnati, and as President of the Medical Staff at Providence Hospital, from which he received the Distinguished Physician Award. Survivors include his wife, Lorain e, two daughters, and a son.

Gerald E. Callery, '43 died September 7 at age 76. Dr. Callery served as Director of Orthopaedic Surgery at Fitzgerald Mercy Hospital in Upper Darby from 1978 until his retirement in 1986, and was an Honorary Clinical Associate Professor at Jefferson, having joined the faculty in 1957. He had been on the staff of numerous hospitals in Philadelphia, Delaware County, Chester County, and Maine. He served as Reunion Chairman for his class, and was a member of Jefferson’s President’s Club. Dr. Callery was an avid pilot of his own small plane, often stopping to see fellow alumni on flights that took him as far as Alaska. He was also a skier. His humor is well remembered by his friends. Four daughters survive him.

John L. Gaines, J'44 died June 20 at age 72. Dr. Gaines had served as Chief of Obstetrics and Director of the Women’s Care Center at Cooper Hospital-University Medical Center in Camden. He was an Associate Professor at the University of Medicine and Dentistry of New Jersey. Survivors include his wife, Eleanor, and four sons.


John M. Collier, '52 died May 8. In addition to a private practice of obstetrics and gynecology in Camden County, New Jersey, Dr. Collier had served as an Assistant Director of Clinical Investigation for McNeil Laboratories.

Lewis W. Gray, '73 died July 19 at age 45. Dr. Gray had practiced internal medicine in Newton, New Jersey. He was a past Chief of Staff at Newton Memorial Hospital, where he had been instrumental in starting the cardiac rehabilitation program and cardiac care unit. He is survived by his wife, Carol, and two daughters.

Two Gentlemen of the Class of '54

by James F. Burke, '77

When John J. Blizzard, '54 and John J. Kelly, Jr., '54 died in December 1991 and May 1992, the impact on Lankenau Hospital and their many friends was great. Their presence in the teaching programs at Jefferson-affiliated Lankenau had been very strong. Any medical student or resident who rotated through the hospital knew these two gentlemen. We thought of all we had learned from them.

Both Dr. Blizzard and Dr. Kelly were great clinicians. They committed their lives to patient care. Both were Clinical Professors at Jefferson. They were role models for all of us. Both enjoyed being around people, and patients loved them for this. Both made it a point to know their patients. They treated the patient first and then the diagnosis. All Lankenau graduates can recall daily 5:30 A.M. “Blizzard rounds” or Dr. Kelly’s all-night vigil at the bedside of a critically ill patient.

Both were strongly committed to teaching. Dr. Blizzard was an endocrinologist and Dr. Kelly a cardiologist, but both knew the breadth of medicine, not just their subspecialties. They wished all trainees went through rotating internships to give them this breadth.

Anyone who rotated through Lankenau’s endocrinology service knew that Friday morning was set aside by Dr. Blizzard for didactic teaching and conferences on various topics of this subspecialty. He always wanted each student or resident to hear the complete series of lectures.

Dr. Kelly was committed to bedside teaching decades before it became popular with directors of internal medicine residency programs. He taught cardiac auscultation to all at Lankenau. He used many of the techniques of his much-admired mentor, Proctor Harvey, M.D.

Both Blizzard and Kelly were committed to research. Dr. Blizzard investigated thyroid ophthalmopathy at Wills Eye Hospital, and participated in a weekly thyroid ophthalmopathy clinic there. Dr. Kelly had done research in cardiac rehabilitation. He was one of the first in the country to exercise patients following a myocardial infarction. He recently completed an evaluation of the use of tricuspid regurgitation as a diagnostic indicator in patients with dilated cardiomyopathy.

Dr. Blizzard and Dr. Kelly both grew up in Delaware County. They were lifelong friends. They roomed together at Jefferson and both completed internship and residency at Jefferson Hospital. They, along with Drs. Thomas Gabuzda, Franz Goldstein, '53, and Miles Sigler, solidified the ties that have long existed between Lankenau Hospital and Jefferson.

Lankenau will never be quite the same for those of us who trained under these two great Jefferson physicians.
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